

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Shaquevan Smith

Write the full name of each plaintiff.

19 cv 1960
(Include case number if one has been assigned)

-against-

AMENDED
COMPLAINT

(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

Police officer OLIVA carvajal hernandez
Police officer Gilberto Mercedes shield 20401 shield
Lieutenant PATRICIO BLANCO 11564
Police officer VINCENT SANCHEZ shield 24923

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Shawn</u>	<u></u>	<u>Seth</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GRVC

Current Place of Detention

09-09 HAZEN ST Queens NY

Institutional Address

<u>Queens</u>	<u>NY</u>	<u>11361</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced prisoner
- ☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Oliver Carvajal Hernandez 20401
 First Name Last Name Shield #
 New York City Police Department
 Current Job Title (or other identifying information)
 48 Police Station 450 Cross Bronx Expressway
 Current Work Address
 Bronx New York 10457 NY 10457
 County, City State Zip Code

Defendant 2:

Police Officer Gilberto Mercedes 11564
 First Name Last Name Shield #
 New York City Police Department
 Current Job Title (or other identifying information)
 Military and extended leave Desk
 Current Work Address
 One Police Plaza NY 10038
 County, City State Zip Code

Defendant 3:

Lieutenant Patricia Ovando
 First Name Last Name Shield #
 New York City Police Dept. 48 p.c.
 Current Job Title (or other identifying information)
 450 Cross Bronx Expressway
 Current Work Address
 Bronx NY NY 10457
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 49 police station Bronx NY

Date(s) of occurrence: 1-6-~~20~~ 18

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I WAS HAND CUFFED BEING ARRESTED THEN
WHEN I GOT INTO THE POLICE-STATION 5
OFFICERS BEAT ME UP IN THE HOLDING CELL
CAUSING INJURYS TO MY FACE KNECK BACK
SPINE I ASK FOR MEDICAL TREATMENT
AND WAS SENT TO THE HOSPITAL AONE
INCARCERATION,

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

PAIN in the BACK, Neck, FACE Below
Spine

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Im ASKING for the city \$ 6,000,000.00. in
Damages and suffering

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

_____		_____	
Dated		Plaintiff's Signature	
SHAQVAN		Seth	
First Name	Middle Initial	Last Name	
89-09 HAZEL Street			
Prison Address			
QUEENS	NY	10017	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: _____